



# ARMY FEE ASSISTANCE

## Sponsor/Family Update Form

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Military Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Alternate Email Address \_\_\_\_\_

Status:      Single      Married      Divorced      Separated      Partner

Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner update to work and or school.

New/current employer: \_\_\_\_\_

New/current school/university: \_\_\_\_\_

No longer enrolled in school or working, requesting Special Consideration for 90 days to seek employment or enroll in a school program. Last day of work/school: \_\_\_\_\_

### Child Custody Arrangement/Agreement

Child's Name: \_\_\_\_\_

Now resides in the home with the qualifying Sponsor  
No longer resides in the home the qualifying Sponsor

Child's Name: \_\_\_\_\_

Now resides in the home with the qualifying Sponsor  
No longer resides in the home the qualifying Sponsor

Child's Name: \_\_\_\_\_

Now resides in the home with the qualifying Sponsor  
No longer resides in the home the qualifying Sponsor

**Upon certifying and returning this form to the GSA Subsidy Administration Section, I am authoring the change(s) above to the information on file with the GSA.**

\_\_\_\_\_  
Signature of Qualifying Army Sponsor / Last 4 of SSN

\_\_\_\_\_  
Date

**Misrepresentation or falsifying this information may subject the individual to prosecution under the Uniform Code of Military Justice (UCMJ) and/or applicable State and Federal Laws.**



**GSA Subsidy Administration Section**  
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